

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41692

1. PLACE OF DEATH

County Newton  
Township NE 1-2-3  
City Near Neosho

Registration District No. 609  
Primary Registration District No. 4808

File No. 91  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1881  
7. AGE YEARS 50 MONTHS 5 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Mae Easter (ADDRESS) Neosho, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Mary's DATE 12-3-

19. UNDERTAKER Cooper and Co (ADDRESS) Neosho, Mo.

20. FILED 12/2 1931 C. E. Mauey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Crushed Skull caused by Truck turning over at Junction of Highway #60 & 71 North East of Neosho. Cause being accidental. Truck was a Chevrolet.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? ☒

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/1, 1931

Where did injury occur? Junction of Highway #60 & 71

Neosho, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on State Highway

Manner of injury automobile turning over

Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James Putnam Brown, D.

(Address) Neosho, Mo.

